

CAMPAIGN March - Nov. 2022

Attached Required Document Checklist

Voided Check Business Verification Document Copy of Drivers License

Date Submitted: 3/23/22 Fax to: 901-692-9499 email to: applications@impactpays.net

IMPACT PAYMENT PARTNERS Version: 005

Merchant Application Submission Form

Merchant (Business) DBA Name: CARTER FOR HOUSE

Business Legal Name: CARTER FOR HOUSE

Contact Name: Sharon Carter Contact Phone Number: 843-834-4507

Physical Address: 5036 Lodge Rd City, State, Zip: Lodge SC 29082

Phone Number: 843-834-4507 Fax Number: 4507

Email Address: SharonCarterForHouse.com Website:

Billing Address: Same City:

State: SC Zip: 29082

Business Type

Corporation - circle one: Private or Public Business Start Date: March 2022

LLC - circle one: C corp S corp P partner D disregarded entity Refund Policy: 30 days 60 days Other (None)

Sole Prop Other: non-profit EIN/Federal Tax ID# 88-0697562 Print Refund Policy on Footer: Yes (No)

Partnership Types of Goods Sold: Camonian (If yes input message in notes)

Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form

Officer/Owners Name: Sharon P Carter Title: Owner Social Security:

Home Address: 5036 Lodge Rd City, State, Zip Code: State: SC

Drivers License#: Expiration Date: State: SC

DOB: 08-15-1970 Home Phone Number:

% of Business Owned: % Length of Ownership: 100%

Banking Information ** No starter checks or deposit slips accepted** Terminal Questions (Circle your answer)

Name of Bank: EBSC Batch Out Time:

ABA Routing #: 053202871 Communication Method: IP-internet or Dial-phone

Account #: 151120763 Do you dial 9 for outside line? Yes (No)

Estimated Sales Volume Terminal Type: IBUXX Dongle

Estimated Annual Sales (All sales) \$ Reprogram Terminal: Yes (No)

Estimated Visa/MC/Discover Sales \$ Equipment Purchase: Yes (No)

Estimated Monthly Visa/MC/Discover/AMEX Sales \$ Equipment Rental Program: Yes (No)

Average Ticket \$ Next Day Funding: Yes (No)

High Ticket \$1000 Tip Edit: Yes (No)

First two sections must equal 100% respectively

Card Swiped: 80 % Card Keyed In: % = 100%

Card Present: 20 % Card Not Present % = 100%

MOTO: % Internet: %

Traditional IBUXX SimpleBuxx PrimeBuxx

Notes: IBuxx Dongle

EBT: Yes (No) FNS Number:

Tax Calculation: Yes (No) If so tax rate: %

Software or POS Integration Questions Only

POS Software Integration: Yes No

Software Name & Version: IBUXX

MP/AP Name:

RP Name:

Pricing Provided: Statement Analysis or Quote

Receipt Header Message: Carter for House 843-834-4507

Receipt Footer Message: